Kennebunkport Police Department

101 Main Street Kennebunkport, ME 04046-2720 (207)967-2454

Application for Employment

Instructions

Disabled Persons: Reasonable accommodation will be provided throughout the employment process for those who request it. No adverse consequences will result from a request for accommodation.

Please read all instructions carefully and complete all questions to the best of your knowledge and ability. You may be required to substantiate any information provided. Falsification of information may result in rejection of your application and, if employed, may result in disciplinary action up to and including termination.

Submit the original application only. Please clearly PRINT the application in BLACK ink. DO NOT TYPE OR USE PENCIL. Answer all questions: if a question does not apply, write "Not Applicable" or "N/A". You may include a resume or other job related documentation as a supplement to this application. However, you should provide information requested on this application. If additional space is needed, please use a blank sheet of paper.

Employment, driver license and other background verifications will be conducted as necessary for this position. You should notify us of any changes to your name, mailing address or telephone number.

Please remember to sign and date your application.					
	Pos	sition Desired	Date of Appl	ication	
		Pers	onal Data		
Last Name	First	Middle			
Have you ever be	een known or emp	loyed under any o	other name? [] Y	ES[] NO	
-	-				
If yes, under wha	at name(s)?				
Home Address (S	Street Address)	City	State Zip		
Mailing Address	(If other than stre	et address) City	State	Zip	
Telephone Numb	oer (Area Code)	Alterr	nate Number	Social Security Number	
Are vou a US Cit	tizen? [] YES []	NO			

Employment History

Please give complete name, address and telephone number of all employers (including Military) for the past 10 years. Use an additional sheet if necessary. Explain all gaps in employment.

Current or most recent employer:				
Address:				
City, State, Zip Code:	Phone Number: _			
Type of Business:	Job Title:			
Dates of Employment (Month/Year): From:	to:			
Supervisor's Name:	Wage:	Per:		
Description of Duties:				
Reason for Leaving: (Voluntary resigned, laid off, di				
Previous employer:				
Address:				
City, State, Zip Code:	Phone Number: _			
Type of Business:	Job Title:			
Dates of Employment (Month/Year): From:	to:			
Supervisor's Name:	Wage:	Per:		
Description of Duties:				
Reason for Leaving: (Voluntary resigned, laid off, dis	scharged, relocated, et	c.):		
Have you previously been employed by the Town of l	Kennebunkport? [] Y	es [] No		
If Yes, When:				
Do you have any relatives currently employed by the	Town of Kennebunkp	ort?[]Yes[]No		
If yes, please list name and relationship:				

Education and Training

Have you graduated from	High Schoo	ol or obtained	l a general equival	ency diploma (C	G.E.D.)? [] Yes [] No
If no, what is the highest	grade compl	eted? 1234	5 6 7 8 9 10 11 12		
Name of High School or i	nstitution	Loca	ation (City, State)	Year	
Name of College or University & Address	Dates From/To	Credit Hours	Major	Degree	Date
Other Education / Training	ng (Addition	al training, c	ertifications, licen	ses, etc.)	
Police Applicants Only:					
Have you completed the M	Maine Reser	ve Officer Pr	ogram? []Yes	[] No	
If yes, Certificate Number	r, Location a	and Date:			
Have you taken the Main	e ALERT To	est?[]Yes[] No		
If yes, where, when and the	he Test Scor	e (Please atta	ch copy):		
Are you now or have you [] Yes [] No	ever been a	member of a	ny law enforceme	nt agency:	
If yes: Agency name and	dates employ	yed:			
Do you speak any foreign	languages?	[] Yes [] N	o If so what?		

Have you ever been convicted of a felon	y crime? [] Yes [] No
If yes, please give Date of Conviction, C	harge, Court & Location:
Have you ever been convicted of the mis	sdemeanor crime of domestic violence under State or Federal Law?
If yes, please give Date of Conviction, C	harge, Court and Location:
•	nestic violence crime in this or any other state and engaged in any as a plea to another charge in order to have the domestic violence
If yes, please give Name of the Court, St	tate, Date, Original Charge and Reduced charge pled to:
Note: If you have been convicted of a m you are prohibited from carrying a fire	isdemeanor charge of domestic violence in this or any other state, arm.
	References
Please provide us with a list of five (5) p of your qualifications for the position yo	persons who are not related to you and who have definite knowledge ou are applying.
Name:	How Known:
Mailing Address:	
Day Telephone Number:	Night Telephone Number:
Name:	How Known:
Mailing Address:	
Day Telephone Number:	Night Telephone Number:

Name:	How Known:
Mailing Address:	
Day Telephone Number:	Night Telephone Number:
Name:	How Known:
Mailing Address:	
Day Telephone Number:	Night Telephone Number:
Name:	How Known:
Mailing Address:	
Day Telephone Number:	Night Telephone Number:
	Additional Information
Have you been told the essential funct listing the essential functions of the jo	ions of the job or have you been shown a copy of the job description b? [] Yes [] No
Can you perform these essential funct [] Yes [] No	cions with or without reasonable accommodation?
Are you able to work shift work? [] If No, please explain:	
Are you able to work overtime? [] Y If No, please explain:	

Notice to Applicant

Only police applicants need to complete the Driver's License Information. Do not answer any question below if you are an applicant for a dispatcher or civilian position. Police positions require the information to verify the compliance with a bona-fide job qualification. A "Yes" answer to any of the questions checked will not necessarily disqualify you for employment. A decision will be made on a case-by-case basis.

Driver's License Information
Do you have a valid Driver's License? [] Yes [] No Class:
Driver's License Number:
List Name Exactly as listed on License:
List State of Issue and License Number if out of State:
Has your license ever been revoked or suspended or have you ever been denied a license? [] Yes [] No
If Yes, Please explain:
Do you have any pending traffic citations? [] Yes [] No
If yes, please explain:
Have you been convicted or pled nolo contendere (no contest) or admitted to a moving traffic violation within the past three years? [] Yes [] No
If yes, list date, Location (County & State), Type of Offense and disposition:
I hereby certify that the facts I have provided above are true and complete to the best of my knowledge.
Applicant's Signature:
Date:

SIGNATURE

(Please read the following carefully and then sign below)

I hereby declare that the information provided by me in this Application for Employment (and in any accompanying resume) is true, correct and complete to the best of my knowledge. I authorize the TOWN OF KENNEBUNKPORT, MAINE (or its designee) to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release the TOWN OF KENNEBUNKPORT, MAINE (or its designee) from any and all liability resulting from the verification of such information. I understand that any false statement or material omission on this application, or on any supporting documents, shall be grounds for non-hire or discharge, regardless of when discovered by the TOWN OF KENNEBUNKPORT, MAINE.

I understand that this employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by the TOWN OF KENNEBUNKPORT, MAINE, I further understand that there is no guarantee that the TOWN OF KENNEBUNKPORT, MAINE will be able to place me with one of its clients. If I am hired by the TOWN OF KENNEBUNKPORT, MAINE, I understand that my status will be that of an employee-at-will, meaning that I will have no contractual right, express or implied to remain in the TOWN OF KENNEBUNKPORT, MAINE'S employ. I further understand that, if I am hired, my employment can be terminated, with or without cause and with or without notice at any time, at the option of the TOWN OF KENNEBUNKPORT, MAINE or me. Notwithstanding the foregoing, the terms of any collective bargaining agreement will apply to any applicant hired to work in a position subject to a collective bargaining agreement. I also understand that no representative of the TOWN OF KENNEBUNKPORT, MAINE has the authority to enter into any oral agreement for employment for a specified period of time or to make an oral agreement contrary to the foregoing.

I understand that if I am offered employment at the TOWN OF KENNEBUNKPORT, MAINE, I will be required to provide evidence of my identity and authorization for employment in the United States.

I understand that the TOWN OF KENNEBUNKPORT, MAINE may require a physical examination and/or drug and alcohol screening as a condition of employment and at any time during my employment to the extent permitted by law.

I understand that if I am hired by the TOWN OF KENNEBUNKPORT, MAINE and my employment subsequently ends, the TOWN OF KENNEBUNKPORT, MAINE may provide information about my employment to persons in response to job reference requests, and I hereby consent to such disclosures.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND BY ALL OF THE ABOVE TERMS.

Signature of Applicant	Date
Signature of rippireum	Bute